

MEADOW PARK PARENT TEACHER ORGANIZATION

REQUEST FOR PAYMENT FORM

Name: _____ Email: _____

Date: _____ Amount \$: _____ Pay To: _____

Note: Attach all receipts and applicable supporting documentation (purchase orders, contracts, etc. to this form)

Purpose of Funds Being Reimbursed (Be Specific): _____

Method of Delivery: Deliver Check in Person Drop in School Mail Box Mail Check at Address*

*Address if being mailed: _____

For Board Use Only

Printed Name and Signature of PTO Officer _____

Printed Name and Signature of PTO Officer _____

(Two PTO Signatories required. Requester and Approver cannot be the same person/s)

Date Paid: _____ Check #: _____ Amount: \$ _____

Please attach copy of the Check with the request form

Expense Category:

- | | |
|---|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Family Night Dinner |
| <input type="checkbox"/> Art Literacy | <input type="checkbox"/> Field Trip |
| <input type="checkbox"/> Box Tops | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Bus Driver Breakfast | <input type="checkbox"/> Jog-A-Thon |
| <input type="checkbox"/> Clothes Closet | <input type="checkbox"/> PBIS Program |
| <input type="checkbox"/> Community Support Appreciation | <input type="checkbox"/> Planner Expense |
| <input type="checkbox"/> Corporate Filing Fee | <input type="checkbox"/> Staff Appreciation |
| <input type="checkbox"/> 8 th Grade Party | <input type="checkbox"/> Choir (Separate Funding) |
| <input type="checkbox"/> Band (Separate Funding) | <input type="checkbox"/> Other |
| <input type="checkbox"/> RFF Title of Project: _____ | |